Los Angeles County Sheriff's Department
Officer Involved Shooting

Report Date: 03/21/18	Bureau/Station/Facility: Special Operations Division / Metrolink Bureau	Admin. Invest.? ☐	Hit? ☐

Incident Information

URN: None	Date: 03/21/18 Time: 0315 hours
City or Station: Pomona	Nature of Incident: Deputy Daniel Eifert #[redacted] off duty, fire one round from his personally owned handgun at suspect. The suspect was not hit and is unknown and outstanding.
Location: [redacted]	

Location Type (*check one or more*):
- ☐ Backyard
- ☐ Beach
- ☐ Business
- ☐ Freeway
- ☐ Industrial
- ☐ Park
- ☐ Parking Lot
- ☐ Residence
- ☐ Rural
- ☐ School
- ☐ Street
- Other: Frontyard

Lighting (*check only one*):
- ☑ Darkness
- ☐ Daylight
- ☐ Other
- ☐ Street Lights

Weather (*circle only one*):
- ☐ Clear
- ☑ Cloudy
- ☐ Fog
- ☐ Rain

Distance: 15 feet

Total # of Shots Fired by Deputy: 1

Total # of Shots Fired by Suspect: 0

Incident Type (*check one or more*):
- ☐ Accidental
- ☐ Armed Person
- ☐ Fleeing Suspect
- ☐ Foot Pursuit
- ☐ Gun Take Away
- ☐ Moving Vehicle
- ☐ Sniper/Ambush
- ☐ Startle
- ☐ Struggle Involved
- ☐ Traffic Stop
- ☐ Unarmed Person
- ☐ Unintentional
- ☐ Vehicle Pursuit
- ☐ Warrant Service
- ☐ Warning Shot
- Other:

Initiated by (*check only one*):
- ☐ Arrest Warrant
- ☐ Call
- ☑ Observation
- ☐ One Person Unit
- ☐ Other
- ☐ Search Warrant
- ☐ Two Person Unit

Prior Activity (*check only one*):
- ☐ Detective
- ☐ Inmate Transport
- ☑ Other
- ☐ Routine Patrol

Aero Unit? ☐ Canine Unit? ☐

Employee Witnesses

Employee #	Last Name	First Name	M.I.	ShiftTime (*check only one*)	ShiftType (*check only one*)
	None			☐ EM ☐ PM ☐ Day	☐ Regular ☐ Overtime ☐ Off Duty
				☐ EM ☐ PM ☐ Day	☐ Regular ☐ Overtime ☐ Off Duty
				☐ EM ☐ PM ☐ Day	☐ Regular ☐ Overtime ☐ Off Duty

Non-Employee Witnesses

Last Name	Street Address	City	First Name	Zip Code	Work Ph	Home Ph	M.I.
None							

Supervisors

Employee #	Last Name	First Name	M.I.	(*check one or more*)
				☐ On Duty ☐ Present during shooting ☐ Witness to shooting ☐ Involved in shooting
				☐ On Duty ☐ Present during shooting ☐ Witness to shooting ☐ Involved in shooting

Watch Sergeant

Employee #	Last Name	First Name	M.I.

Watch Commander

Employee #	Last Name	First Name	M.I.
[redacted]	Powers	James	C

(PH) Grenal [redacted] 1/21/19

SH # 2451226

SH-R-438A (rev. 10/01/15)

See Reverse

Officer Involved Shooting

URN: None

Rollout Information

Arrival Date	Arrival Time	Date Submitted	Date of Recommendation
03/21/18	0600 hours	01/14/19	

Employee #	Last Name	First Name	M.I.
[redacted]	Chapman	Scott	D
[redacted]	Ortega	Matthew	H
[redacted]	Powers	James	C

Shooting / Force Information

Method

(AW) Arwen
(BC) Baton:(Control)
(BI) Baton:(Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds:(Control Techniques)
(TT) Control Holds:(Team Takedown)
(TD) Control Holds:(Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device:Hobble (Legs Only)
(TP) Restraint Device:Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hand
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(SH) Shoulder
(WR) Wrist

Brand

(AK) AK-47
(BN) Benelli
(BR) Beretta
(BW) Browning
(CH) Charter Arms
(CO) Colt
(DA) Davis Industries
(GL) Glock
(HA) Harrington & Richardson
(HI) Hi Standard
(HK) H & K
(IT) Ithica
(IV) Iver Johnson
(JE) Jennings
(LO) Lorcin
(LU) Luger
(MA) Marlin
(MO) Mossberg
(NC) NCI aka SKS
(NA) North American
(NO) Norinco
(RA) Raven
(RM) Remington
(RG) RG
(RI) RGI
(RO) Rossi
(SW) Smith & Wesson
(SR) Sturm Ruger
(SS) SIG Sauer
(ST) Sterling
(TA) Taurus
(WE) Weatherby
(WN) Winchester
(US) US Government
(YY) Handmade (Inmate)
(XX) Homemade (Non-Inmate)
(ZZ) Other Brand

Caliber

(9) 9 mm
(10) 10 mm
(12) 12 guage
(20) 20 guage
(21) .22-250
(22) .22 caliber
(23) .223 caliber
(24) .243 caliber
(25) .25 caliber
(30) .308 caliber
(35) .357 caliber
(36) 30-60 caliber
(38) .38 caliber
(40) .40 caliber
(41) .410 guage
(44) .44 caliber
(45) .45 caliber
(50) 50 mm
(SL) Slug
(WW) Other caliber

FORCE APPLIED *(one code per block)*

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S#1	E#1	OO	NA	NA	NA	NA	NN	NA
E#1	S#1	FH	BR	9	Y	Y	NN	NA

Officer Involved Shooting
Involved Employee Information

URN: None

Involved Employee

E 1

Employee # [redacted]	Last Name: Eifert	First Name: Daniel	M.I.: L
Sex: M Race: Wht	Rank: Deputy	Unit Assignment: Metrolink Bureau	Work Assignment (Unit #, Module, etc.): Off duty
ShiftTime (*circle only one*): ☐ EM ☐ PM ☐ Day	ShiftType (*circle only one*): ☐ Regular ☐ Overtime ☐ Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case #: Interviewed? ☑
Hrs of sleep prior to shooting: 6 hours	Duty Time (hrs): [redacted]	Clothing (*circle only one*): ☑ Plain Clothes no Vest ☐ Plain Clothes w/ Vest ☐ Raid Jacket no Vest ☐ Raid Jacket w/ Vest ☐ Uniform no Vest ☐ Uniform w/ Vest	Other Factors: Off duty, personally owned handgun
Age: [redacted] Height: 508	Weight: 170		
Range Qualification Date: [redacted]	PPC Qualification Date: [redacted]	Laser Training Date: [redacted]	
Certified with Weapon Used? [redacted]	Patrol Certification? [redacted]	Certification Unit: [redacted] Prior Shootings? [redacted]	Number of Prior Shootings: [redacted] Directed Force: [redacted]
Weapons Fired Brand: Beretta Caliber: 9 # Shots: 1		Weapons Fired Brand: Caliber: # Shots:	
Field Training Officer Emp # [redacted]	Last Name: [redacted]	First Name: [redacted]	M.I.: [redacted]
Field Training Officer Emp # [redacted]	Last Name: [redacted]	First Name: [redacted]	M.I.: [redacted]

E __

Employee #	Last Name	First Name	M.I.
Sex: Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):
ShiftTime (*circle only one*): ☐ EM ☐ PM ☐ Day	ShiftType (*circle only one*): ☐ Regular ☐ Overtime ☐ Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case #: Interviewed? ☐
Hrs of sleep prior to shooting:	Duty Time (hrs):	Clothing (*circle only one*): ☐ Plain Clothes no Vest ☐ Plain Clothes w/ Vest ☐ Raid Jacket no Vest ☐ Raid Jacket w/ Vest ☐ Uniform no Vest ☐ Uniform w/ Vest	Other Factors:
Age: Height:	Weight:		
Range Qualification Date:	PPC Qualification Date:	Laser Training Date:	
Certified with Weapon Used? ☐	Patrol Certification? ☐	Certification Unit: Prior Shootings? ☐	Number of Prior Shootings: Directed Force: ☐
Weapons Fired Brand: Caliber: # Shots:		Weapons Fired Brand: Caliber: # Shots:	
Field Training Officer Emp #	Last Name	First Name	M.I.
Field Training Officer Emp #	Last Name	First Name	M.I.

E __

Employee #	Last Name	First Name	M.I.
Sex: Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):
ShiftTime (*circle only one*): ☐ EM ☐ PM ☐ Day	ShiftType (*circle only one*): ☐ Regular ☐ Overtime ☐ Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case #: Interviewed? ☐
Hrs of sleep prior to shooting:	Duty Time (hrs):	Clothing (*circle only one*): ☐ Plain Clothes no Vest ☐ Plain Clothes w/ Vest ☐ Raid Jacket no Vest ☐ Raid Jacket w/ Vest ☐ Uniform no Vest ☐ Uniform w/ Vest	Other Factors:
Age: Height:	Weight:		
Range Qualification Date:	PPC Qualification Date:	Laser Training Date:	
Certified with Weapon Used? ☐	Patrol Certification? ☐	Certification Unit: Prior Shootings? ☐	Number of Prior Shootings: Directed Force: ☐
Weapons Fired Brand: Caliber: # Shots:		Weapons Fired Brand: Caliber: # Shots:	
Field Training Officer Emp #	Last Name	First Name	M.I.
Field Training Officer Emp #	Last Name	First Name	M.I.

See Other Side

Officer Involved Shooting
Suspect Information

URN: None

Suspect Information

S

Last Name: Unknown		First Name: Unknown	M.I.
AKA Last Name		First Name	M.I.
Sex: M Race: Hispanic	Street Address: [redacted]	City	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: 25 D.O.B.	Height: 506 Weight: 150	FBI #	CII #
Booking # None	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case # None	Intoxication/Drug Usage? ☐	Substance Used: Unknown
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? [redacted]
Vehicle Make: Unknown Model:	Year: Parole:	Probation:	Prior Felony Conviction:

S

Last Name		First Name	M.I.
AKA Last Name		First Name	M.I.
Sex: Race:	Street Address:	City	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #	CII #
Booking #	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐
Vehicle Make Model:	Year: Parole:	Probation:	Prior Felony Conviction:

S

Last Name		First Name	M.I.
AKA Last Name		First Name	M.I.
Sex: Race:	Street Address:	City	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #	CII #
Booking #	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐
Vehicle Make Model:	Year: Parole:	Probation:	Prior Felony Conviction:

S

Last Name		First Name	M.I.
AKA Last Name		First Name	M.I.
Sex: Race:	Street Address:	City	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #	CII #
Booking #	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐
Vehicle Make Model:	Year: Parole:	Probation:	Prior Felony Conviction:

See Other Side